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Bib Data Sheet

CONFIRMATION NO. 4542

SERIAL NUMBER 09/740,080	FILING DATE 12/18/2000 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. P-8788
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APPLICANTS

Michael Thomas Lee, Minnetonka, MN;
Nancy Perry Pool, Minnetonka, MN;

**** CONTINUING DATA *******

2.B.

THIS APPLN CLAIMS BENEFIT OF 60/173,079 12/24/1999
AND CLAIMS BENEFIT OF 60/172,937 12/21/1999
AND CLAIMS BENEFIT OF 60/173,081 12/24/1999 *
AND CLAIMS BENEFIT OF 60/173,064 12/24/1999
AND CLAIMS BENEFIT OF 60/173,065 12/24/1999
AND CLAIMS BENEFIT OF 60/173,082 12/24/1999
AND CLAIMS BENEFIT OF 60/173,083 12/24/1999
AND CLAIMS BENEFIT OF 60/173,062 12/24/1999
AND CLAIMS BENEFIT OF 60/173,071 12/24/1999
AND CLAIMS BENEFIT OF 60/173,080 12/24/1999
(*) Data inconsistent with PTO records.

**** FOREIGN APPLICATIONS *******

1.B.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED**** 05/24/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>R. B. B. B.</i> Examiner's Signature Initials				

ADDRESS

GIRMA WOLDE-MICHAEL
Medtronic, Inc., MS 301
7000 Central Avenue NE
Minneapolis, MN 55432

TITLE

Large-scale processing loop for implantable medical devices

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)

		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit _____